
130.10

Nutrition and Health Services

Overview

Introduction This section includes goals and objectives for nutrition services, health services, and breastfeeding promotion and support.

Contents This policy contains the following topics:

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Nutrition and Health Services Plan for FFY2017

Goals

The goals for nutrition and health services are to:

- Provide quality nutrition education and health services to all eligible women, infant, and children in Iowa.
 - Promote accurate and consistent breastfeeding information, and
 - Evaluate the impact of activities.
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**Breastfeeding
action plan
format**

A format based on results-based accountability literature is used for the breastfeeding action plans in this policy.

In this section

The section contains the following detailed action plans.

Topic	See Page
Low Fat Milk Media Campaign	3
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Action Plan 1. Partner with the INN on a media campaign to motivate mothers of children age two and up to choose fat-free or low-fat milk.

Objective In 2017 the Iowa WIC Program will collaborate with the Iowa Nutrition Network (INN) on a media campaign to promote the nutrition message *“Their bodies change, so should their milk”*.

Purpose statement Since 1995, the Dietary Guidelines for Americans have recommended consumption of nonfat and low fat milk and milk products. WIC also has a vested interest in decreasing childhood obesity. With these two things in mind, in 2014 FNS added a provision to the final food rule that fat-free and low-fat (1%) milks are to be the standard issuance for children ≥ 24 months of age and women. Whole milk is the right choice for 1-year olds. They need whole milk for healthy growth and brain development but starting at age 2, children grow just fine with 1% or fat-free milk. One percent and fat-free milk have the same bone and muscle-building amounts of protein, calcium and vitamin D as whole milk. This campaign is designed to motivate mothers of children age two and up to choose 1% or fat-free milk and by collaborating with the Iowa Nutrition Network we can increase the reach of our message and reduce the resources needed to get this message out.

Action steps

1. By November 18, 2016 a meeting will be held between the Iowa WIC Program and the Iowa Nutrition Network (INN) to start collaborating on promoting the media campaign *“Their bodies change, so should their milk.”*
 2. By January 6th, 2017 start working with Iowa Public Television (IPTV) to contract for an advertising slot(s).
 3. By February 28, 2017 the WIC name/logo will be added to the INN’s messaging we will be using.
 4. By March 1, 2017 start the media campaign to promote the nutrition message *“Their bodies change, so should their milk”*.
 5. By October 1, 2017 the media campaign will end.
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Lead staff Nikki Davenport RD, LD

**Evaluation
plan**

Completion of this action plan will be evaluated by the:

1. Completion of the steps as scheduled.
2. The invoice documenting the low fat milk media campaign was done.

**Resources
required**

The resources required will include the following:

1. Financial resources for conducting a media campaign (estimated \$5,000).
2. Staff time to meet and collaborate with INN and IPTV staff to successfully conduct this media campaign.

Action Plan 2. Breastfeeding Rates For FY17

Desired result All children are healthy.

Target population Pregnant women, breastfeeding women, and their infants/children.

Story behind the action plan Iowa WIC breastfeeding initiation rates have increased on average 2.9% per year for the last 10 years. The 2015 data showed a 1.36% increase over 2014 data. Iowa WIC breastfeeding initiation rates continue to lag behind those of the entire population by 12.84% in 2015.

Breastfeeding duration rates for WIC have been relatively flat with only a one percent average increase in the last ten years. This trend may be partially explained by Iowa's high rates of women with young children in the work force and the general lack of breastfeeding support at many work sites across the state. In addition, many people including health professionals do not see a health difference between breastfeeding and formula feeding. Therefore, when mothers initiate breastfeeding but lose patience and confidence in their ability to succeed, they lack support from their social networks and from many health professionals to continue breastfeeding. Peer support for breastfeeding mothers is limited to about one-third of the state.

See FFY2016 status report for data trends over the past ten years.

Objective By September 30, 2017, increase the proportion of Iowa WIC participants who breastfeed from 67.2% to 70.1% at birth and from 22.06% to 23.1% at 6 months.

Data source: 2015 IWIN Breastfeeding Duration Report.

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Action Plan 1. Partner with the INN on a media campaign to motivate mothers of children age two and up to choose fat-free or low-fat milk., Continued

Activities

The following activities are planned to meet this objective.

- Support and facilitate the work of the Iowa Breastfeeding Coalition (IBC).
 - By September 30, 2017 three more issues of the newsletter for the IBC will be printed and distributed by the Iowa WIC Program.
 - By September 30, 2017, develop a new Counseling Guide on the topic of returning to work. This would be the 7th title in the Counseling Guide for Health Care Professionals series.

Potential partners

Potential partners in carrying out these activities include the following:

- Local WIC agency staff
- Iowa Breastfeeding Coalition members
- Community-based breastfeeding coalition members

Lead staff

Holly Szcodronski, RD, LD, CBE

Evaluation plan

The table below describes the evaluation plan.

How much did we do?	How well did we do it?
# Iowa Breastfeeding Coalition (IBC) meetings	% meetings held
# issues IBC newsletter	% newsletter issues completed
Who is better off?	
# local agencies with increased breastfeeding initiation rates	% local agencies with increased breastfeeding initiation rates
# local agencies with increased duration rates at 6 months	% local agencies with increased duration rates at 6 months
# local agencies with increased duration rates at 12 months	% local agencies with increased duration rates at 12 months

Action Plan 3. Breastfeeding Peer Counseling Program

Desired result	All children are healthy.
Target population	Pregnant women, breastfeeding women and their infants/children.
Story behind the action plan	See Action Plan 1.
Objective	By September 30, 2017, maintain the WIC Breastfeeding Peer Counselor Program in Iowa.
Activities	<p>The following activities are planned:</p> <ul style="list-style-type: none"> • By September 30, 2017, hold at least one face to face meeting with the local agency breastfeeding peer counselor coordinators and peer counselors. • By September 30, 2017, reevaluate bimonthly conference calls with the agency peer counselor coordinators. • By September 30, 2017, conduct at least one onsite visit per breastfeeding peer counselor agency by the state WIC breastfeeding peer counselor manager using the newly developed review tool, WIC Breastfeeding Peer Counselor Site Visit Review Tool. • Evaluate and provide ongoing technical assistance through September 30, 2017 to peer counselor program agencies throughout transition from manual to electronic record keeping.
Potential partners	<p>Potential partners in carrying out these activities include the following:</p> <ul style="list-style-type: none"> • Local WIC agency staff at the selected agencies • Community-based breastfeeding coalition members in the service areas of the selected WIC agencies • Local hospitals • IBCLCs in the service areas of the selected WIC agencies • Local healthcare professionals • Focus support team
Lead staff	Jane Stockton, RN, CLC and Holly Szcodronski, RD, LD, CBE

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Action 3. Breastfeeding Peer Counseling Program, Continued

Evaluation plan

The table below describes the evaluation plan.

How much did we do?	How well did we do it?
# Local agencies provided technical assistance on transition to electronic record keeping.	% Local agencies provided technical assistance on transition to electronic record keeping.
# Peer counselors trained by breastfeeding peer counseling coordinators on use of the new electronic data system.	% Peer counselors trained by breastfeeding peer counseling coordinators on use of the new electronic record keeping system.
Who is better off?	
# breastfeeding peer counseling coordinators who report proficient use of new electronic data system by the local agency peer counselors	% breastfeeding peer counseling coordinators who report proficient use of new electronic data system by the local agency peer counselors

Status Report on Nutrition and Health Services Plans for FFY2016

Action plan 1

Iowa Breastfeeding Initiation Rates

Data Source	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Iowa Newborn Metabolic Screening Profiles	67.7	69.7	71.0	71.8	73.9	74.5	76.1	77.7	78.5	80.0
National Immunization Survey	74.0	75.0	74.6	76.9	76.5	82.1	83.4	NA	NA	NA
Iowa WIC Information Network (IWIN) Breastfeeding Duration Report	41.4	47.4	51.0	51.2	56.5	61.0	63.6	65.7	65.8	67.16

Notes:

- All data sets are reported as calendar year data.
- Iowa Newborn Metabolic Screening Profile data includes breastfed infants and infants fed both breastmilk and formula.
- National Immunization Survey data was updated to reflect the change in how data was evaluated. The year now corresponds to the year the infant was born rather than the year the data was evaluated.
- Pediatric and Pregnancy Nutrition Surveillance Systems data is no longer available, effective 2012, therefore no longer included in our Plan effective FY 2016.

Iowa Breastfeeding Duration Rates at Six Months

Data Source	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
National Immunization Survey	33.2	42.3	44.3	47.2	49.0	51.6	51.4	NA	NA	NA
Iowa WIC Information Network (IWIN) Breastfeeding Duration Report	16.8	17.6	16.8	16.1	17.0	17.2	17.7	18.6	20.8	22.06

Notes:

- All data sets are reported as calendar year data.
- Pediatric AND Pregnancy Nutrition Surveillance System data is no longer available, effective 2012, therefore no longer included in our Plan effective FY 2016.
- National Immunization Survey data was updated to reflect the change in how data was evaluated. The year now corresponds to the year the infant was born rather than the year the data was evaluated.
- Pediatric AND Pregnancy Nutrition Surveillance System data is no longer available, effective 2012, therefore no longer included in our Plan effective FY 2016.

Action plan 1
(continued)

How much did we do?	How well did we do it?
3 Iowa Breastfeeding Coalition (IBC) meetings	100% meetings held
3 issues IBC newsletter	100% newsletter issues completed
Who is better off?	
11 local agencies with increased breastfeeding initiation rates	55% local agencies with increased initiation rates
16 local agencies with increased duration rates at 6 months	80% local agencies with increased duration rates at 6 months
11 local agencies with increased duration rates at 12 months	55% local agencies with increased duration rates at 12 months

Notes:

Evaluation measures listed above for breastfeeding rates are based on IWIN Breastfeeding Duration Report data comparing 2015 data to 2014.

Action plan 2

The Breastfeeding Outreach objective was partially met.

How much did we do?	How well did we do it?
7 Local agencies monitored using newly developed WIC Breastfeeding Peer Counseling Site Visit Review Tool	100% Local agencies monitored using newly developed WIC Breastfeeding Peer Counseling Site Visit Review Tool
# Peer counselor coordinators who conducted an observation on each peer counselor twice a year using the newly developed Observation Tool. (See note below)	# Peer counselor coordinators who conducted an observation on each peer counselor twice a year using the newly developed Observation Tool. (See note below)
Who is better off?	
7 Areas of improvement identified through use of the Observation Tool	100% Areas of improvement identified on the Observation Tool addressed with the peer counselor staff.

Notes:

- To date, each peer counselor coordinator has completed one observation using the Observation Tool on each peer counselor. The second set of observations is not due to be completed till September 2016.
- We will continue to monitor to see that the second observation is completed by each local agency peer counselor coordinator on each peer counselor by September 30, 2016.

Action plan 3

By July 1, 2016 a page will be added to the Iowa WIC Web Portal that will organize WIC nutrition risk criteria so it can be utilized by local agency WIC staff to identify all applicable risks when completing a client's WIC nutrition assessment.

- Once updated risk criteria was released staff went through current Iowa WIC policies and procedures and identified updates that would need to be made in the areas of policy guidance and MIS procedures.
- A subpage was created on the WIC web portal and all nutrition risk definitions that the State of Iowa has adopted to use from FNS in the certification process have been placed there.
- A review and update of all nutrition risk, nutrition interview, and medical data critical thinking guides was done and they were updated not only for the changes released by USDA but also for MIS system changes.
- All updated critical thinking guides as well as instructions on how to use these materials were uploaded to the new subpage on the WIC web portal.
- Local agency staff was made aware of these newly available resources to use during the assessment portion of a WIC certification via the Friday Facts and an email blast.
- All activities were accomplished ahead of schedule.

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